### 2004 D-65 Partnership Return of Income

Print in CAPITAL letters using black ink.

| Feder      | al Em   | oloyer Identification Number   | Social Security Number (if self er | l Security Number (if self employed) |              | OFFICIAL USE        |            |  |
|------------|---------|--|------------------------------------|--------------------------------------|--------------|---------------------|------------|--|
| Busin      | ess na  | me   | Taxable year ending MM/DD/YYYY     |                                      |              |                     |            |  |
| Addre      | ss line | #1 Fill in if this is y  | your first return or if your addre | ess is different from last yea       | ır's return. | Fill in if Amen     | ded Return |  |
| Addre      | ss line | #2   |                                    |                                      |              | THE III AIRCIN      | aca netam  |  |
|            |         |  |                                    |                                      |              |                     |            |  |
| City       |         |  |                                    | State                                | Zip Code     |                     |            |  |
|            | +       |  |                                    |                                      |              |                     |            |  |
| INCOME     |         |  |                                    |                                      |              | HOLE DOLLAR AMOUNTS |            |  |
|            | 1       | Gross receipts or sales, minus returns and allowances                    |                                    |                                      | 1 \$         |                     | . 0 0      |  |
|            | 2       | Cost of goods sold and/or ope  |                                    | 2 \$                                 |              | . 0 0               |            |  |
|            | 3       | Gross profit Line 1 minus Line 2   |                                    | Fill in if minus:                    | 3            |                     | . 0 0      |  |
|            | 4       | Ordinary income (loss) from other partnerships, estates and trusts, etc. |                                    | Fill in if minus:                    | 4 \$         |                     | . 0 0      |  |
|            | 5       | Net farm profit (loss)   |                                    | Fill in if minus:                    | 5 \$         |                     | . 0 0      |  |
|            | 6       | Net gain (loss)  |                                    | Fill in if minus:                    | 6 \$         |                     | . 0 0      |  |
|            | 7       | Other income (loss)  |                                    | Fill in if minus:                    | 7 \$         |                     | . 0 0      |  |
|            | 8       | Total income Add Lines 3–7   |                                    | Fill in if minus:                    | 8 \$         |                     | . 0 0      |  |
|            | 9       | Salaries and wages paid other  | 9 \$                               |                                      | . 0 0        |                     |            |  |
|            | 10      | Payments to partners   | 10 \$                              |                                      | . 0 0        |                     |            |  |
| DEDUCTIONS | 11      | Repairs and maintenance  |                                    |                                      | 11 \$        |                     | . 0 0      |  |
|            | 12      | Bad debts  |                                    |                                      | 12 \$        |                     | . 0 0      |  |
|            | 13      | Rent   |                                    |                                      | 13 \$        |                     | . 0 0      |  |
|            | 14      | Taxes and licenses   |                                    |                                      | 14 \$        |                     | . 0 0      |  |
|            | 15      | Interest   | 15 \$                              |                                      | . 0 0        |                     |            |  |
|            | 16      | Depreciation, minus depreciation reported elsewhere on return            |                                    |                                      | 16 \$        |                     | . 0 0      |  |
|            | 17      | Depletion  | 17 \$                              |                                      | . 0 0        |                     |            |  |
|            | 18      | Retirement plans   | 18 \$                              |                                      | . 0 0        |                     |            |  |
|            | 19      | Employee benefit programs  |                                    |                                      |              |                     | . 0 0      |  |
|            | 20      | Other deductions   | 20 \$                              |                                      | . 0 0        |                     |            |  |
|            | 21      | Total deductions Add Lines 9-  | 21 \$                              |                                      | . 0 0        |                     |            |  |
|            | 22      | Ordinary income (loss) Line 8  | 3 minus Line 21                    | Fill in if minus:                    | 22 \$        |                     | . 0 0      |  |

YOU MUST ANSWER THE QUESTIONS ON THE REVERSE SIDE OF THIS RETURN Mail return to: Office of Tax and Revenue, PO Box 447, Washington DC 20044-0447 Make no payment with this return.

#### D-65 PAGE 2

| Business Name:  |  |  |  |  |  |
|-----------------|--|--|--|--|--|
| Buomicoc mamici |  |  |  |  |  |
|                 |  |  |  |  |  |
|                 |  |  |  |  |  |
|                 |  |  |  |  |  |



Federal Employer Identification No. or SSN: DATE (MM/DD/YYYY) Α. Date entity was organized B. Fill in if this return is an initial return a final return C. Fill in if your accounting method is other (specify) cash accrual Number of partners in this partnership D. YES NO E. Is this a limited partnership? Is this a limited liability company? YES F. NO G. Are any partners in this partnership also partnerships or corporate entities? YES NO YES Is this partnership a partner in another partnership? NO H. Was there a distribution or transfer of property that caused an adjustment of the basis of the partnership's assets under IRC Section 754? YES NO J. Was a D-65 filed for the preceding year? YES NO Was a 2004 unincorporated business franchise tax return (Form D-30) filed for this business? K. YES If "YES," provide name under which the return was filed. NO L. Have you filed annual federal income tax information return Forms 1099 and 1096? YES NO M. Did you withhold DC income tax from the wages of your employees during 2004? YES NO If "NO," state reason: N. During 2004, has the IRS made or proposed any adjustments to your federal Form 1065, or did you file amended returns with the IRS? YES NO If "YES," submit a separate, detailed explanation and an amended D-65 return to: the Office of Tax and Revenue, PO Box 447, Washington DC 20044-0447. Attach a copy of the Federal partnership return (Form 1065) with K-1 and other schedules which you file. Attach a schedule showing the pass-through distribution of income to all members of the partnership. If you are filing this Form D-65, instead of Form D-30, attach an explanation (See instruction A). Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. PIFASE SIGN HERE Declaration of paid preparer is based on all information available to the preparer. Date Partner or member's signature Telephone number of person to contact Preparer's signature (if other than taxpayer) Date PAID PREPARER Paid Preparer's FEIN, SSN or PTIN ONLY Firm name Do you want to allow the preparer to discuss this return with the Office of Tax and Revenue? If YES fill in oval.

Mail return to: Office of Tax and Revenue, PO Box 447, Washington DC 20044-0447

Firm address

## Form D-65 Partnership Return of Income INSTRUCTIONS

**NOTE:** For District tax purposes, taxpayers are not permitted to claim the federal 30 or 50 percent bonusdepreciation or additional IRC Section 179 expenses.

# A. Who must file a Form D-65, Partnership Return of Income? Except for partnerships required to file an unincorporated business franchise tax return, DC Form D-30, all partnerships engaged in any trade or business in DC or which received income from sources in DC, must file a DC Form D-65.

The term "partnership" includes a limited partner, group, syndicate, pool and joint venture through or by means of which any business, financial operation, or venture is carried on. The following are excluded by law: 1) a corporation; 2) a trust or estate; or 3) an unincorporated business. The term "partner" includes a member of a syndicate, pool or joint venture.

If the return is filed on behalf of a syndicate, pool, joint venture or similar group, attach a copy of the agreement and all amendments to the agreement to the return.

A limited liability company is classified as a partnership. The only exception is if the IRS has classified you differently. You must use the same classification on your DC return as used on your federal return.

DC law does not allow a partnership to report or file as a corporation, nor for a corporation to report or file as a partnership.

#### Who Must File Form D-30 Instead of Form D-65?

Every partnership which, during the taxable year, engaged in an "unincorporated business" as defined in paragraph (1) below, and which met the gross income threshold as stated in paragraph (2) below, must file a DC Form D-30, rather than Form D-65. If Form D-65 is filed instead of Form D-30, attach an explanation to the return.

(1) "Unincorporated Business". An unincorporated business is any trade or business, conducted or engaged in by any individual, whether resident or nonresident, statutory or common-law trust. estate, partnership, or limited or special partnership, society, association, executor, administrator, receiver, trustee, liquidator, conservator, committee, assignee, or by any other entity or fiduciary, other than a trade or business conducted or engaged in by any corporation. This includes any trade or business which if conducted or engaged in by a corporation would be taxable. Excluded is any trade or business which by law, custom, or ethics, cannot be incorporated or any trade or business more than 80% of the gross income of which is derived from personal services actually rendered by individuals or members of the partnership or other entity in conducting or carrying on any trade or business in which capital is not a material income-producing factor.

A partnership with gross income of more than \$12,000 which leases real or personal property in DC, regardless of whether services are performed, (including professional partnerships) must file a DC Form D-30 instead of Form D-65.

(2) Gross Income Requirement for Filing Form D-30. A return must be filed by an unincorporated business if its gross income resulting from engaging in or carrying on any trade or business in DC plus any other gross income received from DC sources that amounts to more than \$12,000 during the year, regardless of whether it had net income. For filing purposes, the words "gross income" mean gross revenue before deduction of cost of goods, expenses and other deductions allowable in the determination of net income.

#### 3. Period Covered

The return must be filed for calendar year 2004, or other taxable year beginning in 2004, covering the same period as reported on the return filed with IRS. Fill in the taxable year beginning and ending dates on page 1.

#### C. Where and When to file

File your Form D-65 with the Office of Tax and Revenue, PO Box 447, Washington, DC, 20044-0447, by the 15th day of the 4th month following the ending date of the taxable year entered at the top of the Form D-65. For calendar year filers, your due date is April 15th.

If you are requesting an extension of time to file, submit DC Form FR-128, Extension of Time to file DC Franchise or Partnership Return, on or before the due date of your return. **Do not use the federal extension of time to file form**.

#### D. Signature

The return must be signed by a partner or member. If receivers, trustees in bankruptcy, or assignees are in control of the property or business organization, they must sign the return.

When the return is prepared by someone (for compensation) other than a member or an employee of the partnership, they must sign as the preparer at the bottom of page 2 of the D-65.

#### E. Methods of accounting

Use the same method of accounting on your D-65 as that used on your federal tax return.

#### F. Items exempt from tax

All items of income received and claimed as exempt from tax must be explained in a copy of Schedule K of the federal Form 1065. Attach a copy to your D-65. Some items of this type are:

- (1) Tax-Free Interest. Attach a statement reporting interest on:
  - (a) obligations of a state, territory of the United States or any political subdivision thereof, or DC; and
  - (b) obligations of the United States, its agencies, or instrumentalities
- (2) Proceeds From Life Insurance Policies. In general, the proceeds of life insurance policies paid to the partnership due to the death of a partner are exempt. However, if any part of the proceeds is held by the insurer under an agreement to pay interest, the interest is taxable.

#### G. Information at source

Every partnership that in the course of its trade or business during calendar year 2004, pays (1) interest, rents, commissions, or other fixed or determinable income of \$600 or more, or (2) salaries and wages of \$600 or more, must submit copies of federal Forms 1096 and 1099 unless the payment is specifically exempted by Title 9, DCMR 111.2.

#### H. Attachment of a federal return

You must attach a copy of the federal Form 1065 to the DC Form D-65 partnership return which you file. Also include copies of all the schedules and statements accompanying the Form 1065. You must also attach a schedule showing the pass-through distribution of income for all members of the partnership, *and* copies of the completed federal K-1 schedule.